



Wokingham Mencap

The Court House
 Broadway
 Town Square
 Bracknell
 RG12 1AE
 0300 777 8539

admin@wokinghammencap.org
www.wokinghambracknellmencap.org

Membership Application to 31st December 2018

Membership fee enclosed: £15.00 Cheque / Cash

Please fill in using capitals and as fully as possible

Details of member

Mr / Mrs / Ms / Miss (Please circle the appropriate answer)

Full Name:

Address:

.....

Post Code:

Telephone Nos. Home: Mobile:

E-mail Address/es:.....

Please tick if you are happy to receive information via email i.e. newsletters/mailings/important updates

Details of disabled person

Mr / Mrs / Ms / Miss (Please circle the appropriate answer)

Full Name

Date of Birth

Sex? M/F (Please circle the appropriate answer)

Diagnosis / Nature of disability

Do they have a Physical disability? Yes/No (Please circle the appropriate answer)

Please State Your Ethnic Back Ground (This helps us monitor equal opportunities)

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Black/Black British
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Asian British
<input type="checkbox"/> Do not wish to say		

Can you tell us the best way to contact you?

Email Letter Other

If other please tell us how

Do you require information in a different format?

Yes No If yes, can you tell us more

Do you require any other support with communication?

(Please note that in line with the Accessible Information Standard we have a duty to pass on the information about your communication needs to other health and social care providers, if appropriate)

Please return this form, together with your cheque for £15.00 made out to Wokingham, Bracknell & Districts Mencap to the address above.



Charity Gift Aid Declaration – multiple donation

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to:

Name of Charity _____

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details:

Title: Mr / Mrs / Ms / Dr / Other (Please circle)

First name or initial(s): _____ Surname: _____

Full Home Address: _____

Postcode: _____

Signature: _____ Date: _____

Please notify Wokingham, Bracknell & Districts Mencap if you:

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.